

Form 67 Version 1	<p style="text-align: center;">IM Notice of appeal <i>(This form is to be used only for appeals to the Industrial Magistrates Court - not appeals to the Queensland Industrial Relations Commission - under sections 548A(2) and 549 of the Workers' Compensation and Rehabilitation Act 2003)</i></p>	R.8(4) & R.112(1)(a)&(2)
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INDUSTRIAL MAGISTRATES COURT
Workers' Compensation and Rehabilitation Act 2003, sections 548A (2) & 549

Appellant: *(insert appellant)*

AND

Respondent: *(insert respondent)*

(Matter No. /20 /)

IM NOTICE OF APPEAL

TO: The Clerk of the Magistrates Court at

AND to the Respondent: Workers' Compensation Regulatory Authority, 347 Ann Street, Brisbane 4000,
PO Box 10119 Brisbane Adelaide Street Q 4000.
Phone: 1300 361 235, Fax: (07) 3020 6309

TAKE NOTICE that the appellant appeals to the Industrial Magistrates Court against *(specify whether the whole or part, and if part, which part)* the decision of the Workers' Compensation Regulatory Authority.

1. DETAILS OF DECISION APPEALED AGAINST ARE -

Date of decision: *(insert day, month, year)*
Description of parties involved: *(eg Full names and titles)*
Date notice of review decision was given: *(insert day, month, year)*

(A copy of the decision and the notice of the decision including the reasons for making or not making the decision must be attached)

2. GROUNDS - *(specify briefly the grounds of the appeal)*

3. FACTS RELIED ON - *(specify briefly the facts you rely on to support your appeal)*

4. DECISION SOUGHT – *(specify the decision sought in lieu of that appealed from including any special order as to costs)*

Signed: *(appellant or representative)*
Description: *(of signatory eg solicitor)*
Dated: *(insert date)*

This Notice of Appeal is to be served on: Workers' Compensation Regulatory Authority, 347 Ann Street,
Brisbane 4000, PO Box 10119 Brisbane Adelaide Street Q 4000.
Phone: 1300 361 235, Fax: (07) 3020 6309.

TO APPELLANT(S)

TAKE NOTICE that for an appeal about an amount of premium specified in a premium notice, the appellant is limited to the grounds of appeal and the facts relied on in this notice and must pay the premium specified in the notice before filing the IM notice of appeal, *Workers' Compensation and Rehabilitation Act 2003, section 551(3) and (4).*

RESPONDENT:

TAKE NOTICE that if you wish to oppose this application or to argue that any different decision should be made, you must attend before the commission in person or, if appropriate, by your lawyer or agent at the time on the date and at the place fixed by the registrar and you will be heard. If you do not attend as required a decision may be given against you in terms of the decision sought and costs, where appropriate, without further reference to you.

(Last page)

PARTICULARS OF THE APPELLANT

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

Appellant's address for service:

Appellant's phone number or contact phone number:

Appellant's fax number: *(if any)*

Appellant's e-mail address: *(if any)*

[IF APPELLANT HAS A LAWYER

Appellant's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]

[IF APPELLANT HAS AN AGENT *(An appointment of agent form must accompany this application, R 13(1)(l))*

Appellant's agent's name:

and corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]